

I. Equipment (May vary between sites)

- a. Contrast -Isovue 300/ Omnipaque 240
- b. 1% lidocaine (10ml's)
- c. 40mg/ml Depo Medrol (80mg/mL - Porter hospital only and bilateral joints = 40mg/mL each)
- d. Sterile tray
 - i. Sterile Mayo Stand Cover
 - ii. Syringes - (2x(5mL)), (2x(10mL))
 - iii. Needles – (25G and 18G)1.5", (22G 3.5")
 - iv. Chloro Prep
 - v. Drapes- Tower drape x 2, Patient drape with hole
 - vi. 4x4 gauze
 - vii. Extension tubing
- e. Sharpie and hemostat
- f. 2" tape to move any excess tissue/ panniculus
- g. Band-Aid
- h. Mask

II. Personnel

- a. Radiologist/RA
 - i. Reviews order (follows "Steroid Exposure Policy")
 - ii. Consents patient for injection (ask about Covid inj., dental visits, infection, antibiotics)
 - iii. Performs exam and evaluates patient's pain level following injection
- b. Hospital Technologist
 - i. PRINTS ORDER
 - ii. Document patient history (dates of prior steroid injections) & pregnancy status prior to exam
 - iii. Assists the radiologist/RA during procedure & provides patient care
 - iv. Provides patient with aftercare instructions & dismisses patient after 20 minutes

III. Procedure

- a. RA's must review all **INPATIENT** joint injection requests with an MSK radiologist
 - i. Please review any pertinent prior imaging
 - ii. Please use the call center to connect with an available MSK rad (720-493-3777)
- b. Consent (obtain pre-injection pain score)
- c. Time out
- d. Identify and mark the injection site using fluoroscopy (**Mask**)
- e. Prepare the injection site using aseptic technique
- f. Local anesthetic
- g. Needle placement (do not aspirate)
 - i. If purulent fluid spontaneously flows back from the needle hub, aspirate, and cancel the steroid injection.
- h. Inject 1-2mL's Isovue/Omnipaque to confirm intraarticular needle placement (SAVE IMAGE)
- i. Inject steroid/ lidocaine mix
- j. Record pain score after 20 minutes
- k. Reserve drafted dictation for the consulted MSK radiologist

IV. Required Images

- a. Save image with contrast

V. Special Considerations

- a. Follow contrast allergy protocol
- b. Follow Pain Management Scheduling TIP SHEET EDUCATION (RE: COVID VACCINES see below)
- c. Contraindications- Dental visit 3 days prior to injection, feeling ill or having a known infection, or currently antibiotics (see *Joint Injection/ Arthrogram Technologist Pre-Call Questions*)
- d. Bilateral lower extremity injections must have a driver.

Approved by:	Gregory Czuczman, M.D.
Role:	Musculoskeletal Radiologist

ATTENTION

EFFECTIVE IMMEDIATELY: ISJ patients that are being scheduled for pain management procedures that involve corticosteroid injections (joint or spine) need to be asked if they have received or are planning to receive a COVID vaccination dose. Please see the below grid for scheduling specifics per manufacturer.

<u>BEFORE ANY DOSE OF A COVID VACCINE</u>		
Should not be scheduled for a corticosteroid injection within 14 days before any dose (first, second or only) COVID vaccines for all brands.		
<u>BETWEEN DOSES OF A MULTIDOSE COVID VACCINE</u>		
Should not be scheduled for a corticosteroid injection between doses of a multidose COVID vaccine (Pfizer and Moderna)		
<u>AFTER THE LAST DOSE OF A COVID VACCINE</u>		
Pfizer	Moderna	Johnson & Johnson (Janssen)
Should not be scheduled for a corticosteroid injection within 14 days after the second dose.	Should not be scheduled for a corticosteroid injection within 14 days after the second dose.	Should not be scheduled for a corticosteroid injection within 28 days after the one-time dose.

S - Situation

Patients scheduled for pain management procedures that involve corticosteroid injections are arriving at ISJ locations and are being asked to reschedule their appointments after disclosing their COVID vaccination dose dates.

B - Background

There is a theoretical possibility that corticosteroid injections may decrease the efficacy of a COVID vaccine dose when given close in time to the vaccine. The American Society of Interventional Pain Physicians (ASIPP) and The Spine Intervention Society (SIS) have made recommendations regarding the timing of corticosteroid injections for pain relief in relation to COVID vaccination.

A - Assessment

Although there is no direct evidence that a corticosteroid injection before or after administration of a COVID vaccine decreases the efficacy of the vaccine, there is theoretical evidence that warrants optimal scheduling and timing of elective corticosteroid injection in relation to COVID vaccination.

R - Recommendation

The Clinical Council at Radiology Imaging Associates, PC has reviewed the background information and agreed to implement the pain management-specific scheduling additions as stated above.

Approved by:	Gregory Czuczman, M.D.
Role:	Musculoskeletal Radiologist